

BQC - 84 - 015

Date: April 5, 1984

To: Skilled Nursing Homes Caring for Ventilator-Dependent and Persons with Related Conditions

From: Louis E. Remily
Deputy Director
Bureau of Quality Compliance

Subject: Regulations and Recommendations for Ventilator-Dependent Residents

The purpose of this memorandum is to alert nursing homes to the attached specific regulations and recommendations that are of significance in caring for ventilator-dependent residents.

You are urged to review each of these with appropriate staff so that the care and services of these residents are continuously met.

Please contact the Bureau's Field Operations Manager in the Division of Health District Office if you have questions regarding compliance with these codes.

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SKILLED NURSING HOMES CARING FOR VENTILATOR-DEPENDENT
AND PERSONS WITH RELATED CONDITIONS

SIGNIFICANT STATE & FEDERAL CODE REGULATION REQUIREMENTS

132.13(21)(a) “Skilled Nursing Services”

- 1.
2. (b) +1. +2. +3.

132.13(22) “Supervision”

132.14(3) Scope of License (405.1120) Federal

132.44 Employee Development

- (1)(c) Assignments
- (2)(a) Nursing Inservice (405.1121(h)) Federal

132.51(1) Limitations on Admissions and Programs (405.1121) Federal

132.53(4) Transfeer Agreements (405.1133) Federal

132.60 Resident Care

- .60(1) (405.1121) Federal
- .60(1)(c)4.
- .60(3)
- .60(4)
- .60(8)

132.61 Medical Services (405.1122) Federal

- .61(2)(a) (405.1123) Federal
- .61(2)(b)
- .61(2)(c)

132.62 Nursing Services (405.1124) Federal

- .62(2)(a)
- .62(2)(b)
- .62(3)(b)
- .62(3)(g)
- .62(3)(h)2.a.

132.63 Dietary Service (405.1125) Federal

132.64 Rehabilitative Services (405.1126) Federal

132.65 Pharmaceutical Services (405.1127) Federal

132.66 Laboratory, Radiologic and Blood Services (405.1128) Federal

132.68 Social Services (405.1130) Federal

132.71 Furniture Equipment Supplies

.71(2)(a) (405.1135) Federal

.71(2)(d)

.71(3)

.71(4)

.71(7)

SKILLED NURSING HOMES CARING FOR VENTILATOR-DEPENDENT
AND PERSONS WITH RELATED CONDITIONS

RECOMMENDATIONS

- I. Appoint advisory committee for development of policies/procedures/staff training.
 - A. Inform standing committees of need for policy/procedure development in specific areas
- II. Develop policies/procedures
 - A. Administrative
 - 1. Admission Criteria
 - a. Medically stable
 - b. Ventilator-dependent ____ days
 - c. Other
 - d. Approved by screening committee
 - 2. Establish written agreements
 - a. With acute care facility for transfer
 - b. With consultants for “on-call”
 - (1) Pulmonary specialist
 - (2) Surgeon
 - (3) Gastroenterologist
 - (4) Neurologist
 - (5) Psychologist
 - (6) Dietitian
 - (7) Respiratory therapist
 - (8) R.N. clinical specialist (in respiratory cases)
 - B. Nursing
 - 1. Regarding cares
 - C. Other (Infection Control) - P & T
- III. Initial training for R.N.’s, L.P.N.’s, and aides
 - A. Lung anatomy and physiology
 - B. Lung sounds
 - C. Ventilators - Types & Mechanics
 - D. Complications of artificial ventilation
 - 1. Airway obstruction
 - 2. Infection
 - 3. Pulmonary edema

4. G.I. bleeding
 5. Tension pneumothorax
 6. Blood gas disturbance
 - E. Recognizing emergencies
 - F. Communications
 - G. Social/Psychological Aspects of Dependency
 - H. Family Involvement
 - I. Providing reassurance and comfort
 - J. Nursing care
 1. Turning and positioning
 2. Suctioning
 3. Tracheostomy care
 4. Fluid balance
 5. Nutrition
 6. Other
 7. Special observations
 - a. Abdominal girth
 - b. Vital signs
 - c. Breath sounds
- IV. Ongoing inservice education for R.N.'s , L.P.N.'s and aides
- A. Review and update initial training
 - B. Provide special training/education in response to resident need
 - C. Other
- V. Appoint pre-admission screening committee
- A. Membership
 1. Pulmonary specialist (M.D.)
 2. R.N. clinical specialist in respiratory care
 3. Staff R.N. (preferable care coordinator)
 4. Respiratory therapist
 5. Medical director
- VI. Determine staffing
- A. Select R.N. as care coordinator
 - B. Intensive staffing patterns
 1. R.N.'s 24 hours on unit
 2. Respiratory therapist available 24 hours
 3. Social worker
 4. Restorative therapist available 5 days per week

- a. Physical therapy
- b. Occupational therapy
- c. Speech

- 5. Activity therapists
- 6. Pharmacists
- 7. Psychologist
- 8. Other

VII. Special services required

A. Pharmacy

- 1. Drugs/meds available on STAT basis
- 2. I.V. therapy/equipment available
- 3. Ongoing, frequent monitoring of resident drug and med regimen

B. Laboratory and ancillary

- 1. Services readily available 24 hours
 - a. Blood gases
 - b. X-Rays
 - c. ECG

- 2. Prompt results of tests

C. Equipment and supplies

- 1. Readily available
- 2. Sterilization and sanitization of supplies

D. Other

VIII. Establish the care team

A. Core composition

- 1. R.N. coordinator
- 2. Physician
- 3. Respiratory therapist
- 4. Social worker
- 5. Activity director
- 6. Dietitian
- 7. Resident/family

B. Other as need indicates

- 1. Psychologist
- 2. Pharmacist

3. Specialized therapists (PT, OT, Speech)
4. Other

IX. Establish the care plan

- A. Include input from all core members of the team
- B. Address psychological/emotional needs as well as physical needs
- C. Address rehabilitation/restorative needs
- D. Address individualized weaning program
- E. Review plan at least each ____ weeks and PRN

X. Submit PPOC and care plan to BQC

- A. On admission
- B. Q 30 days X 90 days
- C. Q 90 days thereafter